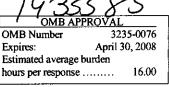
UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number Expires:





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is ar Limited Partnership Interests of H	5 -	indicate change.)	SEC Mail Processing			
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Rule 505 Amendment	☑ Rule 506	Setion 4(6)	ULOE		
	A. BASIC IDENTIFICA	ΓΙΟΝ DATA	MAT 15 ZUUB			
1. Enter the information requested about	ut the issuer					
Name of Issuer (check if this is an an Hard Assets Opportunity Fund Ll		icate change.)	Washington, DC 101			
Address of Executive Offices Hard Assets Opportunity Fund Ll	(Number and Street, City, St. P 99 Park Avenue New York, New		phone Number (Including A) 687-5200	Area Code)		
Address of Principal Business Operation (if different from Executive Offices)	s (Number and Street, City, Str	ate, Zip Code) Telep	ohone Number (Including A	Area Code)		
Brief Description of Business						
Feeder fund investing primarily in affiliated Hard Assets Opportunity Master Fund LTD						
Type of Business Organization ☐ corporation ☐ business trust ☐ limited		3048164				
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organiza						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Van Eck Absolute Retu	rn Advisers C	Corp (the "General Pa	artner")		
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
99 Park Avenue New Y	ork, New Yo	rk 10016			
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Van Eck, Jan Frederick					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
99 Park Avenue New Y	ork, New Yo	rk 10016			
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Van Eck, Derek Steven					
Business or Residence Adda	ess (Number an	d Street, City, State, Zip	Code)		
99 Park Avenue New Y	ork, New Yo	rk 10016			
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Smith, Bruce John					
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		
99 Park Avenue New Y	ork, New Yo	rk 10016	•		
Check Box(es) that Apply: *of the General Partner	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, Foster, Joseph Milton	if individual)	<u> </u>			
Business or Residence Addr 99 Park Avenue New Y	•		Code)		
Check Box(es) that Apply: *of the General Partner	Promoter	☐ Beneficial Owner	★Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, McBrien, Joseph James	if individual)				
Business or Residence Adda 99 Park Avenue New Y	`		Code)		
Check Box(es) that Apply: *of the General Partner	Promoter	Beneficial Owner	★Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Lynch, Thomas Kevin	if individual)				
Business or Residence Addr 99 Park Avenue New Y			Code)		

A DACIC IDENTIFICATION DATA							
A. BASIC IDENTIFICATION DATA							
2. Enter the information requested for the following:							
 Each promoter of the issuer, if the issuer has been organized within the past five years; 							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,							
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 							
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ *Executive Officer ☐ Director ☐ General and/or							
*of the General Partner Managing Partner							
Full Name (Last name first, if individual)							
Simon, Jonathan Rich							
Business or Residence Address (Number and Street, City, State, Zip Code)							
99 Park Avenue New York, New York 10016							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ * Director ☐ General and/or							
*of Van Eck Associates Corporation the Parent Company of the General Partner Managing Partner							
Full Name (Last name first, if individual)							
Van Eck, John Carel							
Business or Residence Address (Number and Street, City, State, Zip Code)							
99 Park Avenue New York, New York 10016							

					Ŧ	B. INFOR	MATION	ABOUT	OFFERIN	√G					
1.	Has the issue	er sold, or	does the is	suer intend	d to sell, to	non-accre	dited inve	stors in thi	s offering?	?				Yes	No
Answer also in Appendix, Column 2, if filing under ULOE.									Ы						
•• • • • •								\$_250,00	00*						
*(Subject to waiver at the discretion of the GP.)								-							
3.	Does the off	ering perm	iit joint ow	mership of	a single u	nit?								Yes ⊠	No
	remuneration person or ag	n for solici ent of a br	tation of poker or de	ourchasers caler regist	in connec ered with	tion with s the SEC a	sales of se nd/or with	curities in a state or	the offerin states, list	g. If a pe the name	rson to be of the bro	listed is a ker or dea	on or similar n associated ler. If more at broker or	<u>ا</u>	
Full	Name (Last	name first,	if individu	ıal)											
Busi	ness or Resid	lence Addr	ess (Num	ber and Str	eet, City,	State, Zip (Code)							. "	
Nam	e of Associa	ted Broker	or Dealer						···						-
State	s in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers			-					
	(Check	"All State	s" or chec	k individua	al States)									🔲 AI	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last 1	name first,	if individu	ıal)											
Busi	ness or Resid	lence Addi	ess (Num	ber and Str	reet, City,	State, Zip (Code)								
Nam	e of Associa	ted Broker	or Dealer									<u>.</u> .		····	
State	s in Which F	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers							-	
	(Check "All	States" or	check ind	ividual Sta	tes)				***************************************					🔲 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last	name first,	if individ	ıal)					<u>. </u>						
Busi	ness or Resid	lence Addi	ress (Num	ber and Str	reet, City,	State, Zip (Code)								
Nam	e of Associa	ted Broker	or Dealer												
State	s in Which F	Person List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers								
	(Check "All	States" or	check ind	ividual Sta	tes)		***************************************	•••••	••••••		•••••			🔲 Al	1 States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] {OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$			\$
	Equity	\$_			\$
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$			\$
	Partnership Interests	\$	1,000,000,000		\$ <u>3,963,047.27</u>
	Other (Specify)	\$			\$
	Total	\$	1,000,000,000		\$ <u>3,963,047.27</u>
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		1		\$3,963,047.27
	Non-accredited Investors				\$
	Total (for filings under Rule 504 only)				\$
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		=.	_	\$
	Regulation A				\$
	Rule 504				\$
	Total				\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees				\$
	Printing and Engraving Costs			\boxtimes	\$
	Legal Fees	•••••		\boxtimes	\$ 30,000
	Accounting Fees	*****		\boxtimes	\$6,000
	Engineering Fees				
	Sales Commissions (specify finder's fees separately)				
	Other Expenses (identify)				
	Total	•••••		\boxtimes	\$42,500
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPI	ENSES AND	USE OF PROC	EEDS
5.	Indicate below the amount of the adjusted gross proceed to the issuer use proposed to be used for each of the purposes shown. If the amount for purpose is not known, furnish an estimate and check the box to the left of estimate. The total of the payments listed must equal the adjusted g proceeds to the issuer set forth in response to Part C – Question 4.b above.	any f the gross	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗆 \$_		🗆 \$
	Purchase of real estate	🔲 \$_		🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	🗆 \$_		🗆 \$
	Construction or leasing of plant buildings and facilities	🗆 \$_		🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)			
	Column Totals Total Payments Listed (column totals added)		999,	
<u> </u>	D. FEDERAL SIGNATUR	Œ	·	
follow	suer has duly caused this notice to be signed by the undersigned duly authoring signature constitutes an undertaking by the issuer to furnish to the U. at of its staff, the information furnished by the issuer to any non-accredited in	S. Securities vestor pursua	and Exchange C nt to paragraph (b	Commission, upon written b)(2) of Rule 502.
	(Print or Type) Assets Opportunity Fund LP		Date /	13/08
	31 /	at of Van		tes Corporation the er of the Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 pre provisions of such rule?NOT APPL		Yes No
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required b	furnish to any state administrator of any state in why state law. NOT APPLICABLE	ich this notice is filed a notice on Form D
3. The undersigned issuer hereby undertakes to offerees. NOT APPLICABLE	furnish to the state administrators, upon written requ	uest, information furnished by the issuer to
Offering Exemption (ULOE) of the state in	suer is familiar with the conditions that must be sating which this notice is filed and understands that these conditions have been satisfied. NOT APPLIC	ne issuer claiming the availability of this
The issuer has read this notification and knows the duly authorized person.	contents to be true and has duly caused this notice to	be signed on its behalf by the undersigned
Issuer (Print or Type) Hard Assets Opportunity Fund LP	Signature	Date 5/13/08
Name of Signer (Print or Type) Jonathan Rich Simon	Title (Print or Type) Vice President of Van Eck A Parent Company of the Gen	

END

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.